Healthy Child
Manitoba Office

Annual Report
2003 - 2004

Manitoba

Manitoba

September 2004

His Honour John Harvard
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the pleasure of presenting for the information of Your Honour the Annual Report of Manitoba's Healthy Child Manitoba Office for the year 2003/04.

Respectfully submitted,

Jim Rondeau
Minister, Healthy Living
Chair, Healthy Child Committee of Cabinet

Healthy Child Manitoba

A partnership of:
Manitoba Healthy Living · Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage and Tourism · Manitoba Education, Citizenship and Youth · Manitoba Family Services and Housing · Manitoba Health · Manitoba Justice · Status of Women

Manitoba

September 2004

Jim Rondeau
Chair, Healthy Child Committee of Cabinet
310 Legislative Building

Sir:

I have the honour of presenting to you the 2003/04 Annual Report of the Healthy Child Manitoba Office.

This report reflects Healthy Child Manitoba's continued commitment to facilitate child-centred public policy. In 2003/04, Healthy Child Manitoba's activities and achievements included:

- integrating the BabyFirst and Early Start programs in three rural regions in the province to provide a continuum of home visiting services to families with children pre-natal to school entry;
- advancing the development of an FASD research network for the western provinces and territories through Canada's Northwest Fetal Alcohol Spectrum Disorder Partnership (CNFASDP);
- increasing the number of pregnant women and new families attending Healthy Baby Community Support Programs by over 1,000;
- hosting three Healthy Schools provincial campaigns to support the health and wellness of students, their families and the community;
- facilitating ongoing dialogue across Manitoba's Parent-Child Centred Coalitions through the Council of Coalitions; and
- advancing the Healthy Child Manitoba Provincial Research and Evaluation Strategy.

The Healthy Child Manitoba Office continues to work toward the best possible outcomes for Manitoba's children.

Respectfully submitted,

Debra Woodgate

Debra Woodgate
Chair,
Healthy Child Deputy Ministers' Committee

Healthy Child Manitoba

A partnership of:
Manitoba Healthy Living · Manitoba Aboriginal and Northern Affairs · Manitoba Culture, Heritage and Tourism · Manitoba Education, Citizenship and Youth · Manitoba Family Services and Housing · Manitoba Health · Manitoba Justice · Status of Women

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HEALTHY CHILD MANITOBA
ORGANIZATION CHART
March 31, 2004

Healthy Child Committee of Cabinet
Jim Rondeau, Minister responsible for Healthy Living (Chair)
Dave Chomiak, Minister of Health
Oscar Lathlin, Minister of Aboriginal and Northern Affairs
Gord Mackintosh, Minister of Justice
Eric Robinson, Minister of Culture, Heritage and Tourism
Nancy Allan, Minister responsible for the Status of Women
Peter Bjornson, Minister of Education, Citizenship and Youth
Christine Melnick, Minister of Family Services and Housing
Healthy Child Deputy Ministers' Committee
Debra Woodgate, Deputy Minister of Family Services and Housing (Chair)
Milton Sussman, Deputy Minister of Health and Healthy Living
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Bruce MacFarlane, Deputy Minister of Justice
Sandra Hardy, Deputy Minister of Culture, Heritage and Tourism
Theresa Harvey Pruden, Assistant Deputy Minister for the Status of Women
Pat Rowantree, Deputy Minister of Education, Citizenship and Youth
Linda McFadyen, Assistant Deputy Minister, Intergovernmental Affairs and Trade
Executive Director
Healthy Child Manitoba Office
and Secretary to the
Healthy Child Committee of Cabinet
Jan Sanderson
Professional/Technical
13.00 FTE's
Administrative Support
8.00 FTE's

PREFACE

Report Structure

The Annual Report is organized in accordance with the appropriation structure of the Healthy Child Manitoba Office, which reflects the authorized votes approved by the Legislative Assembly. The report includes information at the Main and Sub-appropriation levels relating to the department's objectives, actual results achieved, financial performance and variances, and provides a five-year historical table of expenditures and staffing. Expenditures and revenue variance explanations previously contained in the Public Accounts of Manitoba are now provided in the Annual Report.

Mandate

Within Manitoba's child-centred public policy framework, founded on the integration of economic justice and social justice, and led by the Healthy Child Committee of Cabinet, the Healthy Child Manitoba Office works across departments and sectors to facilitate a community development approach to improve the well-being of Manitoba's children, families and communities.

Background

In March 2000, the Manitoba government established Healthy Child Manitoba and the Premier created the Healthy Child Committee of Cabinet. The Chair, appointed by the Premier, during 2003/04 was Minister Tim Sale, Minister of Energy, Science and Technology at the outset of the fiscal year, followed by the appointment of Manitoba's first Minister of Healthy Living, Jim Rondeau. The Healthy Child Committee of Cabinet develops and leads child-centred public policy across government and ensures interdepartmental cooperation and coordination with respect to programs and services for Manitoba's children and families. As one of a select number of committees of Cabinet, the committee signals healthy child and adolescent development as a top-level policy priority of government.

The Healthy Child Committee of Cabinet meets on a monthly basis. It is the only Cabinet committee in Canada that is dedicated to children and youth.

Healthy Child Committee of Cabinet

Jim Rondeau (Chair), Minister of Healthy Living
Dave Chomiak, Minister of Health
Oscar Lathlin, Minister of Aboriginal and Northern Affairs
Gord Mackintosh, Minister of Justice
Eric Robinson, Minister of Culture, Heritage and Tourism
Nancy Allan, Minister responsible for the Status of Women
Peter Bjornson, Minister of Education, Citizenship and Youth
Christine Melnick, Minister of Family Services and Housing

Directed by the Healthy Child Committee of Cabinet, the Deputy Ministers of the eight partner departments share responsibility for implementing Manitoba's child-centred public policy within and across departments, and ensure the timely preparation of program proposals, implementation plans and resulting delivery of all initiatives. Chaired by the Deputy Minister of Family Services and Housing, the Healthy Child Deputy Ministers' Committee meets on a monthly basis.

Healthy Child Deputy Ministers' Committee

Debra Woodgate (Chair), Deputy Minister of Family Services and Housing
Milton Sussman, Deputy Minister of Health
Harvey Bostrom, Deputy Minister of Aboriginal and Northern Affairs
Bruce MacFarlane, Deputy Minister of Justice
Sandra Hardy, Deputy Minister of Culture, Heritage and Tourism
Theresa Harvey Pruden, Assistant Deputy Minister of Manitoba Status of Women
Pat Rowantree, Deputy Minister of Education, Citizenship and Youth
Linda McFadyen, Assistant Deputy Minister, Intergovernmental Affairs and Trade

The Healthy Child Manitoba Office, in addition to its primary functions in research and evaluation and program and policy development, also provides secretariat services to the Healthy Child Committee of Cabinet and the Healthy Child Deputy Ministers' Committee.

Healthy Child Manitoba Vision

The best possible outcomes for Manitoba's children.

Objectives

The major responsibilities of Healthy Child Manitoba are to:

- develop, fund, and evaluate innovative initiatives and long-term strategies to improve outcomes for Manitoba's children;
- coordinate and integrate policy, programs, and services across government for children, youth, and families using early intervention and population health models;
- increase the involvement of families, neighbourhoods, and communities in prevention and early childhood development services through community development; and
- facilitate child-centred public policy development and knowledge exchange across departments and sectors through evaluation and research on key determinants and outcomes of children's well-being.

MAJOR ACTIVITIES AND ACCOMPLISHMENTS

The Healthy Child Manitoba Office (HCMO) coordinates the Manitoba government's long-term, cross-departmental strategy to support healthy child and adolescent development. During 2003/04, the HCMO continued to improve and expand Manitoba's network of programs and supports for children, youth and families. Working across departments and with community partners, the HCMO is committed to putting the interests of children and families first and to building the best possible future for Manitoba through two major activities: (a) program development and implementation; and (b) policy development, research and evaluation.

PROGRAM DEVELOPMENT AND IMPLEMENTATION

The well-being of Manitoba's children and youth is a government-wide priority. Program activities within the Healthy Child Manitoba Office continued to focus on the five core commitments of the Healthy Child Committee of Cabinet: parent-child centres; prenatal and early childhood nutrition; fetal alcohol syndrome (FAS) prevention, nurses in schools and adolescent pregnancy prevention. Since 2000, these commitments have evolved and expanded, and become known as:

- Parent-Child Centred Approach
- Healthy Baby
- Fetal Alcohol Spectrum Disorder (FASD) Prevention and Support
- Healthy Schools
- Healthy Adolescent Development

Program development and implementation is supported by the Healthy Child Interdepartmental Program and Planning Committee, which includes officials from the eight government partners, as well as the Community and Economic Development Committee of Cabinet and Manitoba Intergovernmental Affairs and Trade (Neighbourhoods Alive! program). Chaired by the Healthy Child Manitoba Office, the committee works to coordinate and improve programs for children and youth across departments.

Parent-Child Centred Approach

Based on the knowledge that community development can improve children's lives for the better, the parent-child centred approach brings together parents, community organizations, school divisions, and health professionals through regional and community coalitions that support parenting, improve children's nutrition and literacy and build capacity for helping families in their own communities. Each parent-child coalition plans community activities based on local needs, determined through community consultation. The regions are organized along the 10 Regional Health Authority boundaries outside Winnipeg, and the 12 Community Areas within Winnipeg.

There are 26 Parent-Child Centred Coalitions which operate across the province, as follows: Brandon, Burntwood, Central, Churchill, Interlake, North Assiniboine, Nor-Man, North Eastman, Parkland, South Eastman and South Assiniboine in rural and northern regions; and Assiniboine South, Downtown, Fort Garry, Inkster, Point Douglas, River East, River Heights, Seven Oaks, St. Boniface, St. James, St. Vital and Transcona in Winnipeg.

In addition, three cultural organizations received funding for parent-child centred activities in 2003/04: Coalition francophone de la petite enfance (a partnership of La Fédération provinciale des comités de parents (FPCP) and Division scolaire franco-manitobaine (DSFM)); the Manitoba Association of Friendship Centres; and the Indian and Métis Friendship Centre of Winnipeg.

Additionally, a number of existing family resource centres received support under the Parent-Child Centred Approach. In Winnipeg, Heritage Park Family Resource Centre, Wolseley Family Place and St. George School received parent-child funding under this initiative, and in Lac du Bonnet, Winnipeg River Community Resource Centre continued to receive financial support.

Each Parent-Child Centred Coalition plans activities based on local community capacity and need. A variety of service delivery approaches are used and a wide range of activities offered. Examples include: centre-based models such as family resource centres and school hub models; home-based models such as home visiting programs and outreach services; and mobile services such as book and toy lending programs. Activities emphasize support to families through parenting, family literacy and nutrition programs and a variety of parent-child programs.

An important goal of the parent-child centred approach is to demonstrate the impact of these initiatives through a common framework for measuring and monitoring program outcomes. Following extensive consultation with Parent-Child Coalitions, the evaluation framework was presented at the second annual Parent-Child evaluation forum in the fall of 2002. Process surveys of Parent-Child Coalitions and Parent-Child programs were developed with coalition representatives and distributed in late spring 2003.

Intersectoral Co-operation on Early Childhood Development (ECD)

The HCMO is responsible for Manitoba's implementation of the commitments in the September 2000 First Ministers' Meeting Communiqué on **Early Childhood Development (ECD)**. This endeavour is led by the Federal/Provincial/Territorial (F/P/T) ECD Working Group, and includes public reporting in all jurisdictions across Canada (except Québec) regarding ECD investments, activities, and outcomes of children's well-being, and the development of intersectoral partnerships for exchanging ECD knowledge, information, and effective practices.

Manitoba released its first comprehensive public report on ECD at the provincial Summit on ECD, held on National Child Day, November 20, 2002: *Investing in Early Childhood Development: 2002 Progress Report to Manitobans*. The report reflects the commitment Manitoba shares with governments across the country to improve supports for children and report publicly to constituents on progress, as set out in the September 2002 *Federal / Provincial / Territorial Early Childhood Development Agreement*. The document outlines the major provincial ECD programs and the progress achieved, working with community groups, to strengthen families and build healthy communities. It also points out the complex challenges that continue to face some of Manitoba's children and families and identifies the protective factors such as positive parenting and reading with children, which need to be promoted.

Manitoba's second ECD report is anticipated for release in the late spring of 2004. This second report also meets the public reporting commitments of the March 2003 Multilateral Framework on Early Learning and Child Care (ELCC) and showcases Manitoba's Child Day Care program.

Healthy Baby

In July 2001, Healthy Child Manitoba introduced the two-part Healthy Baby program: the Manitoba Prenatal Benefit and Healthy Baby Community Support Programs. The prenatal benefit—the first of its kind in Canada—provides pregnant women with financial support to eat well during pregnancy and help ensure their babies get a healthy start in life.

The *Manitoba Prenatal Benefit* is modelled after the National Child Benefit. Manitoba is the first province in Canada to extend financial benefits into the prenatal period and to include residents of First Nations on-reserve communities. Pregnant women and teens with a net family income of less than $32,000 a year are eligible for a monthly financial benefit commencing in the second trimester of pregnancy. Benefit amounts are provided on a sliding scale, to a maximum of $81.41 monthly. In 2003/04, the benefit was provided to 4,379 eligible women in Manitoba during their pregnancies. From the program's inception in July 2001 to March 31, 2004, a total of 13,232 women have received benefits.

Healthy Baby *Community Support Programs* offer social support and informal, practical learning opportunities, on a voluntary basis, for pregnant women and new families with infants up to one year old. Programs and outreach activities encourage early and regular prenatal care, provide nutritious snacks and cooking activities, and build women's confidence and awareness of health, parenting choices and babies' needs for nurturing. During 2003/04, increased program funding allowed for expansion to 26 agencies serving approximately 85 communities and neighbourhoods province-wide. The program models vary and continue to evolve to meet local community needs.

In April 2002, the Healthy Baby milk program was introduced as an incentive to draw women to community programs. At the outset of the milk program, women attending programs in cities where Safeway stores are located received Safeway coupons which could be redeemed for 4 litres of milk. Women living in rural and northern communities were given litres of Ultra High Temperature (UHT) milk. To expand program accessibility, generic milk coupons were introduced to rural Healthy Baby programs in April 2003 and to urban Healthy Baby programs in October 2003. At the end of the 2003/04 fiscal year, a total of 149 local stores and 35 Safeway stores across Manitoba were participating in the Healthy Child Manitoba milk coupon redemption program. Program uptake has increased threefold since first introduced.

Early Childhood Development / Home Visiting Supports

Home visiting supports provided through the BabyFirst and Early Start programs have demonstrated value in supporting families to meet the early developmental needs of their children. These two programs employ paraprofessionals who receive in-depth training in strength-based approaches to family intervention.

BabyFirst

BabyFirst is a community-based intervention designed to support families with children up to the age of three, living in conditions of risk. The program was implemented provincially through the public health program of the 12 Regional Health Authorities, and includes universal postpartum screening (over 13,000 births annually) and in-depth assessment (over 2,600 families annually) by public health nurses. Public health nurses (PHNs) receive Core Parent Survey Training through Great Kids Inc., the training agency for Hawaii Healthy Start, the program upon which BabyFirst is modeled. In March 2004, the HCMO began training one of our province's PHN's to deliver the Core Parent Survey Training. This enables HCM to train PHNs locally to complete the parent survey, thereby significantly reducing purchased training costs.

In 2003/04, 36 PHNs were trained through BabyFirst to use this broad-based assessment process which explores the needs and resources of at-risk families. Over 250 PHNs across Manitoba have been trained in the tool.

BabyFirst Home visitors establish trusting, nurturing relationships with families, promote problem-solving skills, assist in strengthening the family support system, and facilitate referral to community-based services. A flagship program in Manitoba's early childhood development continuum of supports, participation in the home visiting component of the BabyFirst program increased from 450 families in 1999/00 to 1,150 families in 2003/04.

The evaluation of the BabyFirst provinical program suggests that universal screening and in-depth assessment processes are successful in identifying families that are most in need of home visiting and other supports.

Early Start

Early Start is a community-based, early childhood intervention for children ages two to five offered through many licensed child care programs. The goal of the program is to support families in strengthening parenting skills, accessing community resources, and increasing school readiness, toward decreasing the need for specialized education, health and social services in the future. In 2003/04, the Early Start program was offered through 23 sites in eight regions of Manitoba.

Three regions in the province continue to deliver a model that integrates BabyFirst with Early Start to provide a continuum of services to families with children pre-natal to school entry: Burntwood, Central and the Marquette region of Assiniboine. The goal of integration is to provide seamless home visiting services for families with children from infancy to school entry. Anticipated benefits of this program include a community-based approach which builds on the strengths of both programs,

consistency of training and supervision for home visitors, improved access for families, continuity of home visiting supports and a sound infrastructure with quality assurance through the regional health authorities. Plans to expand this integrated model are underway.

Support for Training and Professional Development

Heathy Child Manitoba ensures all home visitors and home visitor supervisors working with families and children in the BabyFirst and Early Start programs receive comprehesive basic training and ongoing re-training opportunities to continually improve program outcomes and ensure job satisfaction.

Staff are trained in the **Growing Great Kids** curriculum, a parenting and child development curriculum that focuses on the integration of the relationship between parents and their child, with comprehesive child development information, while incorporating the family culture, situations and values specific to each parent.The curriculum aims to foster empathic parent-child relationships while also guiding staff in their efforts to provide strength-based support to families.

All provincial program staff are also trained in the **Manitoba Curriculum for Training Home Visitors** which includes training in child development and parenting, safety and well-being, child abuse and neglect, and family violence.

Additionally, staff receive training in the **Nobody's Perfect Parenting Program** and **Bookmates Family Literacy Training**. Nobody's Perfect is a community-based program designed to support the development of healthy children by increasing the confidence, skills, knowledge and support available to parents. Bookmates enhances family literacy through raising parental and community awareness about the importance of reading to infants and young children. Healthy Child Manitoba provides grant support to Bookmates Inc. to deliver training workshops in literacy development, and to Youville Centre to co-ordinate training opportunities in Nobody's Perfect parenting workshops. The majority of new Home Visitors of both programs receive both types of training.

FASD Prevention and Support

Healthy Child Manitoba's work to address fetal alcohol spectrum disorder (FASD) is accomplished through public education and awareness, prevention and intervention programs, and support services to caregivers and families. Healthy Child Manitoba supports partnerships in the community with organizations such as the Coalition on Alcohol and Pregnancy and the Fetal Alcohol Family Association of Manitoba to advance these goals.

An interdepartmental committee comprised of representatives from Healthy Child Manitoba's partner departments continued its work to develop a comprehensive provincial strategy for reducing the number of children born with FASD, and developing supports for those already affected.

Stop FAS

Stop FAS is a three-year mentoring program for women at risk of having a child with fetal alcohol spectrum disorder (FASD). Based on a best practice model, the program uses paraprofessional home visitors to offer consistent support to help women obtain drug and alcohol treatment, stay in recovery, engage in family planning, utilize community resources and move toward a healthy, stable, independent lifestyle.

Following the success of the two original Winnipeg sites, located at the Aboriginal Health and Wellness Centre and the Nor'West Co-op Community Health Centre, Stop FAS was expanded to Thompson and The Pas in late 2000, where they are administered respectively by the Burntwood Regional Health Authority and the Nor-Man Regional Health Authority.

In 2003/04, the Stop FAS program had the capacity to serve up to 150 women: each Winnipeg site employed three mentors and served up to 45 women; and each northern site had two mentors and served up to 30 women.

Canada Northwest Fetal Alcohol Spectrum Disorder (FASD) Partnership

A collaborative venture of four provinces and three territories, the FASD Partnership maximizes efforts, expertise and resources to prevent and respond to the needs of FASD across jurisdictions. In November 2001, British Columbia joined the partnership of Manitoba, Alberta, Saskatchewan, Yukon, Northwest Territories and Nunavut and the group was renamed the *Prairie Northern Pacific FAS Partnership (PNPFASP)*. In February 2003, Partnership Ministers decided to change the name to Canada Northwest Fetal Alcohol Spectrum Disorder (FASD) Partnership to increase the Partnership's profile as a Canadian initiative.

In November 2003, Partnership Ministers met in Winnipeg to continue to collaborate on common approaches and strategies, while realizing their vision of designing a public web site to share information about FASD prevention across jurisdictions. Other activities under the aegis of the Partnership included hosting a major conference in Winnipeg, Manitoba in November 2003, and two community symposia, one in Nunavut in the spring of 2003 and the other in Burns Lake, British Columbia in the fall of 2003. A primary activity of the Partnership in 2003/04 has been the development of a western Canadian FASD Research Network.

FAS Information Manitoba

In 2003/04, Healthy Child Manitoba, along with Health Canada, continued to support this provincial toll-free telephone line for FASD information and support. Managed by Interagency FAS, a community service organization expert in the field, FAS Information Manitoba (1-866-877-0050) was set up in 2001/02 to disseminate information and to provide strategies and support to individuals, families and professionals dealing with alcohol-related disabilities, and to link them to community-based services.

Screening for Prenatal Alcohol Use

In 2003/04, additional funding was made available to the BabyFirst program for the collection of more relevant data on the prevalence of alcohol use during pregnancy. As part of the initial screening process, public health nurses ask all women who deliver a baby in a Manitoba hospital about their use of alcohol during pregnancy including the frequency of alcohol use and the amount of alcohol consumed. The information collected will help Manitoba plan and target program resources and measure the impact of FASD prevention work.

Support in the Classroom for Students with FASD

The purpose of this program is to refine a model to enhance the school experience and outcomes for children with FAS and other alcohol-related disabilities in the Winnipeg School Division. A partnership involving Healthy Child Manitoba, Manitoba Education and Youth, and the Winnipeg School Division continued their efforts to identify, review and disseminate best academic and behavioural practices for students with FASD in grades four to six.

Healthy Schools

The Healthy Schools concept is based on a comprehensive school health model that recognizes the interdependence between health and learning and uses a community development approach to build and strengthen partnerships among health providers, educators, families and other stakeholders, to improve the wellness of communities with higher than average factors of risk to good health.

The framework, approved in February 2003, includes three main components: promoting community-based activities that are consistent with the model; developing province-wide resources; and promoting targeted provincial activities in response to issues affecting the health and wellness of the school community.

In the spring of 2003, all Manitoba regions and the Division scolaire franco-manitobaine received funding based on population data to begin regional consultations to identify priority needs and to support the development of Healthy Schools regional implementation plans. The framework has been well received and there has been extensive positive response to the Healthy Schools initiative.

In addition, in 2003/04 Healthy Schools has sponsored three provincial campaigns which have demonstrated that local schools can do great things to support the health and wellness of students, their families and the community with modest funding:

- In the spring of 2003, a school safety/injury prevention campaign, which was open to all schools in Manitoba. In total, 229 schools received modest funding to support a safety initiative. This reflected a participation rate of 28% across the province. Total amount of funding distributed was $22.9.
- In the fall of 2003, a campaign designed to support the promotion of physical activity in the school community. Approximately 400 schools took part at a total cost of about $40.0
- In February 2004, a call went out to schools regarding a campaign designed to promote healthy eating in schools. Interest in this campaign has matched that of the physical activity campaign.

Representatives of regional health authorities, school divisions, and many other partners continue to work with Manitoba to guide the implementation of this initiative.

Middle Childhood Programming

Roots of Empathy

Roots of Empathy is a classroom-based parenting program that aims to reduce aggression through the fostering of empathy and emotional literacy. The program reaches children aged 3 to 14 years. Classrooms "adopt" a neighbourhood parent and infant for the duration of the school year and are guided through a curriculum that provides a vital foundation in emotional literacy and inclusion that students use to build relationships with their peers, and will draw on in later life with their own children. The curriculum is developmentally designed for different grade levels: kindergarten; grades one to three: grades four to six; and grades seven and eight.

Building on the success of the 2001/02 pilot of the Roots of Empathy program, 2003/04 added three additional school divisions to the program: River East/Transcona, St. James and Seven Oaks. In the 2003/04 school year, Roots of Empathy was delivered by 36 certified instructors in 43 classrooms across Manitoba.

Healthy Adolescent Development

Healthy Child Manitoba continued to work with community agencies, service providers and health professionals to offer strategies and interventions that reduce risk factors for young people, including reducing the likelihood that they will become teen parents.

In 2003/04, work continued on the development of a provincial approach to Healthy Adolescent Development, incorporating harm reduction strategies for risk behaviours and principles of population health, with knowledge of best practice models.

Program categories under the umbrella of Healthy Adolescent Development include the following:

Mentoring Interventions

Healthy Child Manitoba continued to support five mentoring programs both within and outside of Winnipeg: Big Brothers and Big Sisters (BBBS) of Winnipeg – In School Mentoring Program; A Real Future Inc. (formerly Manitoba Chamber of Commerce) - A Real Future program; BBBS of Brandon; BBBS of Portage la Prairie; and New Friends Community Mentorship programs in the Lac du Bonnet and Pinawa area.

Youth Engagement Efforts

Healthy Child Manitoba extends support to a wide range of community organizations which emphasize the direct involvement of youth in identifying their own issues and developing their own solutions. The Youth Opportunity Project, developed by Community Education Development Association, gives selected at-risk, high school students with opportunities for education, community service and employment/training as a strategy for improving the quality of young people's lives within inner city communties. Klinic's Teen Talk is a comprehensive health promotion program designed to empower youth to make healthy lifestyle choices. Components of these programs included the use of community role models and elders, and an emphasis on peer mentoring to facilitate youth leadership, issue ownership and decision-making.

Public awareness /counselling programs that raise community awareness

Healthy Child Manitoba continued to fund a number of community-based agencies to support the healthy development of adolescents. In addition to the workshops on sexuality and reproductive health offered by Teen Talk to over 10,000 young people in 2003/04, the Teen Touch 24-hour province-wide telephone help line for youth continued to respond to over 25,000 calls.

The Elmwood Teen Clinic maintains an active file of over 350 clients. Utilization of the Clinic has doubled since the beginning of 2002/03. This is due to word of mouth by clients and promotion of the Clinic by Winnipeg School Division and River East Transcona School Division teachers and guidance counsellors. Clients from various areas of the city, including close rural communities, have accessed the Clinic. The majority of the clients are from the Elmwood/River East and Transcona areas.

Healthy Child Manitoba provides support to the Adolescent Parent Interagency Network (APIN), a partnership of agencies and professionals in Manitoba whose goal is to facilitate the sharing of information related to services and resources for pregnant and parenting teens. In 2003, members of the APIN Steering Committee and Healthy Child Manitoba (HCM) launched "Your Choice, For Your Reasons," a resource package on pregnancy options for young women. A video, service provider handbook and brochures were distributed to over 300 organizations across Manitoba. This

resource package explains all three pregnancy options available to pregnant Manitoba teens and response to this new resource has been extremely positive.

Community Capacity Building

Healthy Child Manitoba also assists communities in building local capacity to support children and families. The following are examples of organizations which received funding from this program category in 2003/04:

Winnipeg Optimal Health Early Years Sports Club received support to provide an integrated, community-focused, volunteer-based physical activity program delivered by Physical Education specialists to over 30 special needs children and over 400 community peers in three Winnipeg elementary schools.

The Circus and Magic Partnership (C.A.M.P.), an artistic intervention project of the ***Winnipeg International Children's Festival***, received support to provide a positive and proactive arts and education opportunity to youth from inner city and northern communities.

SMD Services (formerly Society for Manitobans with Disabilities) received support to extend workshops on speech/language development and enrichment techniques to parents/caregivers and Early Childhood Educators beyond the initial demonstration project completed in March 2003.

The Swampy Cree Tribal Council sponsored its Eagle Quest Youth Development Program in eight First Nation communities to initiate youth and community gatherings where information on healing, problem solving and self determination issues are shared.

Program Devolution

In 2003/04, the Healthy Child Manitoba Office continued its role as an "incubator" for innovative program approaches, toward coordinated devolution to line departments and community partners.

The following programs have been fully devolved, with a partner department providing both program support and funding:

Circus and Magic Partnership – Winnipeg International Children's Festival: Culture, Heritage and Tourism
A community-based, inner-city circus camp for youth at-risk, provided by Winnipeg International Children's Festival (WICF) that offers a three-phase program of intensive instructional programming, an eight-week day-camp and a performance venue at the WICF.

Art City: Culture, Heritage and Tourism
A response to the growing concerns for young people in the West Broadway area, the Art City Project represents an alternative to street gang activity and related negative behaviours.

DepARTures – St. Norbert Arts Centre: Culture, Heritage and Tourism
A school-year program offered by St. Norbert Arts Centre Inc. to vulnerable youth ages 8 to 10 years.

Applied Behaviour Analysis (ABA) – St. Amant Centre: Family Services and Housing
A community-based, early intervention program for children with autism which builds on the successes of a three-year pilot project.

Canadian National Institute for the Blind – Manitoba Division: Family Services and Housing
An early intervention program for blind or visually impaired children that focuses on occupational therapy and early literacy development for children from birth to six years of age.

Let Youth: Family Services and Housing
A year-round leadership and employment training program for inner-city Aboriginal youth ages 15 to 24 years, providing positive, employment-based alternatives to gang-related and other high-risk activities.

Solvent Abuse Prevention Program – Ma Mawi Wi Chi Itata Centre Inc.: Family Services and Housing
A community-based, prevention strategy aimed at promoting healthy lifestyles and reducing solvent use among children and youth, particularly in the North Main area of Winnipeg.

Connect2 Voicemail Project: Family Services and Housing
A service provided to low- and moderate-income individuals and families who require access to voicemail for purposes such as seeking employment or for medical reasons.

HEALTHY CHILD MANITOBA POLICY DEVELOPMENT, RESEARCH AND EVALUATION

OVERVIEW OF HCM PROVINCIAL EVALUATION STRATEGY

The Healthy Child Manitoba **Policy Development, Research and Evaluation (PDRE)** staff work with cross-sectoral partners to (a) inform and support Healthy Child Committee of Cabinet (HCCC) policy accountability, and (b) build capacity for research and evaluation, through all stages of the evaluation process: consultation, evaluation framework development, evaluation implementation, and community knowledge exchange.

During 2003/04, the HCMO's Provincial Research and Evaluation Strategy continued to focus on measuring progress in child-centred public policy and assisting the Government of Manitoba in developing the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families, and communities.

The HCM provincial evaluation strategy includes five major components:

(1) community data initiatives;
(2) provincial program evaluations;
(3) population-based research;
(4) specialized evaluations; and,
(5) community capacity building and knowledge exchange.

COMMUNITY DATA INITIATIVES

The purpose of HCM community data initiatives is to inform: (a) the delivery, monitoring, and evaluation of HCCC policies and programs; and (b) research and planning that relates to HCCC policies and programs.

An example of an ongoing community data initiative is the Early Development Instrument (EDI). Funded and coordinated by HCMO, the EDI is being phased in on a voluntary basis in school divisions across Manitoba to measure the relative success of communities in facilitating healthy early childhood development and to predict children's "readiness to learn" in school when entering grade one. In 2003/04, 28 of 38 school divisions (over 8,500 students) participated in the provincial implementation.

PROVINCIAL PROGRAM EVALUATIONS

Provincial program evaluations provide information for cross-sectoral policy and program decision-making. Building on the findings from a small number of intensively studied research sites (BabyFirst, Early Start, Stop FAS), provincial programs are extensively evaluated in multiple sites with a large number of families, using quantitative data collection and analysis. Results of provincial program evaluations provide information on program effectiveness, key program components, and program efficiency, toward program improvement. Provincial program evaluations assess and provide knowledge on cross-sectoral outcomes for Healthy Child Manitoba goals:

- physical and emotional health;
- safety and security;
- success at learning; and
- social engagement and responsibility.

POPULATION-BASED RESEARCH

Population-based research explores questions regarding child, family, and community development, and longitudinal and cohort effects of universal, targeted, and clinical interventions. Research results provide new knowledge to support policy development and program planning and to determine the most effective cross-sectoral mechanisms for achieving the best possible outcomes for Manitoba's children, families, and communities.

SPECIALIZED EVALUATIONS

Specialized evaluations provide information on a specific intersectoral area of focus or issue. Policy questions are intensively studied in selected sites. Specialized evaluations are time-limited and involve a single site and/or a promising program that is currently underway. Results of specialized evaluations provide outcome information on promising programs, toward establishing local best practice models in Manitoba communities.

In 2003/04, an example of a specialized evaluation would be the release of a post-project case study of 15 children with autism in the ABA pilot project, completed by an independent evaluator. The results showed substantive and durable improvements in 13 children, with each individual child's potential significantly elevated and family lifestyle normalized. The evaluator also stated that three out-of-home placements for children were averted during the time of the pilot project. Some of these children had participated in ABA prior to this pilot project. Therefore, outcomes cannot be attributed solely to the pilot project. Individual case study results were discussed with Manitoba Families for Effective Autism Treatment (MFEAT) parents in summer 2003.

COMMUNITY CAPACITY BUILDING AND KNOWLEDGE EXCHANGE

Capacity building and knowledge exchange includes HCMO consultation, education, training, supervision, and technical expertise to assist civic, academic, and government communities to:

- plan, implement, and evaluate programs and services for children and families;
- measure and monitor outcomes at the community level;
- develop local best practice models for the enhancement of family and community resilience;
- ensure sustainable intersectoral outcomes for Manitobans; and
- share knowledge on children's development with communities.

Recent examples include participation in the following local, provincial, and national committees:

- the Community Data Network;
- the Community and Economic Development (CED) Committee of Cabinet Working Group;
- the Sustainability Indicators Working Group;
- the Understanding the Early Years (UEY) Steering Committee;
- the Child and Adolescent Development Task Group of the F/P/T Advisory Committee on Population Health and Health Security (ACPHHS);
- the F/P/T Pan-Canadian Integrated Healthy Living Strategy Working Group;
- the F/P/T ECD Working Group;
- the F/P/T ECD Committee for Knowledge, Information, and Effective Practices;
- the Advisory Committee of the Centre of Excellence for Early Childhood Development;
- the Partners Committee of the Canadian Language and Literacy Research Network (CLLRNet), and:
- the Board of Advisors for the Invest in Kids Foundation.

The Healthy Child Manitoba Office is regularly invited to deliver presentations at local, provincial, national, and international conferences. In 2003/2004, these included:

- the *Best Practices in Public Management Conference* sponsored by the Canada South Africa Twinning Project in Kleinmond, Western Cape, South Africa (August 2003);
- the *Success Starts Early: Early Childhood Development Forum* in Winnipeg (February 2004);
- the *Niagara Summit on Human Development: 2004 Conference on Early Learning and Care* in Niagara Falls (March 2004); and,
- the *Canadian Language and Literacy Research Network Retreat* in Toronto (March 2004).

In addition to the five components of the provincial evaluation strategy, a primary goal of the strategy is to facilitate a child-centred estimates and expenditures process across the Government of Manitoba.

HEALTHY CHILD MANITOBA

RECONCILIATION STATEMENT

DETAILS	2003/04 Estimates $000
2003/04 Main Estimates	21,937.6
2003/04 ESTIMATE	**21,937.6**

Appropriation 34: Healthy Child Manitoba
Expenditures by Sub-Appropriation
Fiscal Year ended March 31, 2004

Expenditure by Sub-Appropriation		Actual 2003/04 $000	Estimate 2003/04 FTE	Estimate 2003/04 $000	Variance Over/(Under)	Expl. No.
34-1A	Salaries	1,276.2	22.00	1,261.9	14.3	
34-1B	Other Expenditures	398.0		409.1	(11.1)	
34-1C	Financial Assistance and Grants	19,255.5		20,249.8	(994.3)	1
34-2	Amortization	11.2		16.8	(5.6)	2
Total Appropriations		**20,940.9**		**21,937.6**	**(996.7)**	

1. Under expenditure is due primarily to delays in full implementation of the Healthy Baby program and delayed implementation of the Healthy Baby Evaluation Framework.
2. Full-year allocation is in excess of the actual full-year requirements.

Expenditure Summary for
Fiscal Year ended March 31, 2004
with Comparative Figures for the Previous Fiscal Year

Estimate 2003/04 $000		Sub-Appropriation	Actual 2003/04 $000	Actual 2002/03 $000	Increase (Decrease)	Expl. No.
1,261.9	34-1A	Salaries	1,276.2	1,191.1	85.1	
409.1	34-1B	Other Expenditures	398.0	411.1	(13.1)	
20,249.8	34-1C	Financial Assistance and Grants	19,255.5	18,260.2	995.3	1
16.8	34-2	Amortization	11.2	25.6	(14.4)	
21,937.6	**Total Expenditures**		**20,940.9**	**19,888.0**	**1,052.9**	

** Actuals reorganized to the 2003/04 Appropriation Structure based on the 2002/03 Adjusted Vote.*

1. The variance is primarily due to increased uptake in programs provided.

Historical Expenditure and Staffing Summary by Appropriation ($000)
for Fiscal Years Ending March 31, 2000 - March 31, 2004

Actual Appropriations

Sub-Appropriation	1999 – 2000		2000 – 2001		2001 – 2002		2002-2003		2003-2004	
	SY	$	SY	$	SY	$	SY	$	SY	$
34-1A Salaries	16.00	715.4	19.00	1,044.7	22.00	1,118.1	22.00	1,191.1	22.00	1,276.2
34-1B Other Expenditures		282.0		381.7		450.6		411.1		398.0
34-1C Financial Assistance and Grants		7,448.2		9,964.4		13,687.8		18,260.2		19,255.5
34-2 Amortization		35.3		36.7		36.4		25.6		11.2
Total	**16.00**	**8,480.9**	**19.00**	**11,427.5**	**22.00**	**15,292.9**	**22.00**	**19,888.0**	**22.00**	**20,940.9**